



PERENCE & ASSOCIATES  
Amendment Transmittal

Atty. Docket No. YO-999-594  
(590.004)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Wu et al.  
Serial No. : 09/493,904 Examiner : Bunjob Jaroenchonwanit  
Filed : January 28, 2000 Group Art Unit : 2143  
For : ARRANGEMENTS AND METHODS FOR LATENCY-SENSITIVE  
HASHING FOR COLLABORATIVE WEB CACHING

HON. COMMISSIONER OF PATENTS AND TRADEMARKS  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED

MAY 06 2004

Technology Center 2100

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF MAILING UNDER 37 CFR § 1.8(a)

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being deposited with the United States Postal Service as Express Mail Post Office to Addressee, Label No. EV331365429US, addressed to the Assistant Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450 on April 30, 2004.

Stanley D. Perence III

(Type or print name of person mailing paper or fee)

(Signature of person mailing paper or fee)

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Atty. Docket No. YO-999-054  
(590.004)

5. ☒ Also enclosed: Request for Continued Examination (RCE)
6. ☐ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

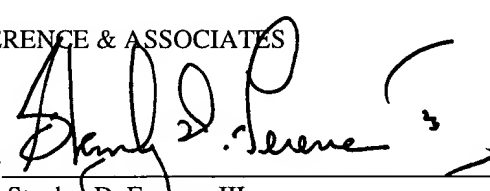
	Claims Remaining After Amendment (Col. 1)	-	Highest No. Prev. paid for (Col. 2)	=	Present Extra (Col. 3)	x	<u>SMALL ENTITY</u>					<u>OTHER THAN A SMALL ENTITY</u>		
							<u>RATE</u>	=	<u>FEE</u>			<u>RATE</u>	=	<u>FEE</u>
Total Claims	25	-	** 27	=	* 0	x	\$9	=		O	x	\$18	=	0
Ind. Claims	4	-	*** 3	=	* 1	x	\$43	=		O	x	\$86	=	86
<input type="checkbox"/> Multiple Dependent Claim Presented						+	\$145	=		O	+	\$290	=	
							<u>TOTAL</u>	=	\$	<u>          </u>		<u>TOTAL</u>	=	<u>\$86.00</u>

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
- \*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$\_\_\_\_\_ to cover the filing fee.
9. ☒ The Commissioner is hereby authorized to charge the \$86.00 filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510. A duplicate copy of this communication is attached.

Respectfully submitted,

FERENCE & ASSOCIATES

By   
Stanley D. Ference III  
Reg. No. 33,879

Dated: April 30, 2004

Mailing Address:

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